



COMMUNICATIONS CONSULTANT 2

\$2799 - 3571 per month (range 45)

Opens: August 1, 2006

Open until filled. Application review will begin on August 21, 2006

LOCATION: There is currently one permanent full-time opening in Downtown Seattle (17.17) with the Uniform Medical Plan (UMP) office of the Washington State Health Care Authority.

DUTIES: In the UMP Appeals and Communications unit, prepares background materials and responses for appeals and complaints. This includes analyzing the key points of appeals and complaints; gathering information from clinical, legal, or other technical experts; interpreting technical clinical and/or contractual language; presenting summaries to the UMP Appeals Committee; documenting decisions; and writing correspondence or reports in layman terms. Also assists in preparing benefit plan materials or other communications for enrollees and health care providers as needed. Responsible for meeting tight deadlines and handling multiple assignments concurrently.

DESIRED QUALIFICATIONS:

- A Bachelor's degree in journalism, communications, technical writing or equivalent field.
- Advanced ability and experience in research and analysis
- Strong communication skills: writing, proofreading, editing, formatting and presentation.
- Ability to work independently and meet deadlines
- Attention to detail
- Intermediate ability using MS ACCESS and EXCEL
- Ability to create professional looking documents for publication

APPLICATION PROCEDURE: Interested candidates may apply by submitting the following packet of information:

1. A letter of interest with a detailed description of your experience, including amount of experience in each of the areas listed in the Desired Qualifications section;
2. A résumé listing names of employers, dates of employment, and degree(s) attained;
3. A list of a minimum of three employment references, two supervisors and one peer ;
4. Answers to the exam questions
5. The reference authorization form.
6. The profile data sheet. Completion of this form is voluntary. Information gathered will be used for statistical purposes only and will be kept confidential.

| Mailing Address | Email Address and Fax | Contact Information |
|--|--|--|
| Health Care Authority Human Resources Office PO Box 42698 Olympia WA 98504-2698 | Please use: <u>Communications Consultant 2</u> in the subject line Email: hrmb@hca.wa.gov Fax: (360) 923-2604 | Patti Scherer-Abear (360) 923-2734 TTY: (360) 923-2703 |

EXAM: The exam is an evaluation of your experience and training. The questions are printed below.

Instructions: Type or write your answers to these questions on additional sheets of paper, numbering your answers to correspond with each item listed. Place your name on each sheet of paper and attach the sheets to your completed application. The raters will score only those answers that follow the instructions. Additional information will not be accepted after the closing date of this announcement.

We want applicants who will be a good match for this job. Before you apply, we want to make sure you understand this job's requirements and working conditions. This job requires:

- Using many capabilities of computerized word processing systems.
- Working on many assignments at one time, and working efficiently on many different deadlines and priorities.
- Working closely and effectively with many different individuals and committees.
- Making presentations in meetings of division managers, explaining the work you have produced, and answering questions about it.

EXPERIENCE:

Your answers to Questions 1, 2, and 3 below will determine your score on this exam. For EACH of these three questions:

Number your answer to match the question number below. For each answer, you may use up to a few hundred words to list or describe:

Your professional experience and relevant job duties from paid employment and other experiences, and the approximate dates and length of time you performed the activity.

Go on to explicitly describe one or two examples of your best accomplishments that show you have the abilities we are asking about.

1. Describe your experience doing professional quality technical writing. Describe the subject matters you wrote about (especially the factors that made it "technical" writing instead of some other kind of writing), the purposes and audiences for your writings, the processes you used to carry out your writing projects, the results or consequences of your writings, and other indications of the extent of your experience (e.g., the percentage of your job that consisted of technical writing, or the approximate number of technical documents you wrote).
2. Describe your experience editing other people's writing. Describe the subject matter, the purposes of your editing, the job titles or roles of the people whose writings you edited, the extent of your formal or informal responsibility or authority, and the extent to which this was a major part of your job (e.g., frequency, amount of time, criticality to organizational functioning). Also describe any experience teaching or training groups of people in writing or editing skills through workshops or classes.
3. Describe your experience writing collaboratively with committees, project teams, and other groups. Describe the kinds of groups, the varieties of participants in them, your roles in them, the kinds and amounts of writing the other group members produced in these projects, the finished projects you produced, the consensus-building processes you used to meet the various parties' needs and/or to gain formal approval of your finished products, and the amount of time or effort you spent collaboratively writing with these groups

WRITING QUALITY: Most of your score on this examination will depend on the content of your answers to questions 1, 2, and 3 above. However, because this job requires high quality writing skills, your answers to those questions will also be scored for two additional factors:

- The thoroughness of your answers
- The quality of your grammar, word usage, spelling, capitalization, and punctuation in your answers

REFERENCE AUTHORIZATION FORM

To Whom It May Concern:

I, _____, authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.

Date _____ Printed name of applicant _____

Applicant's signature _____

NOTE: A photocopy of this information shall be as valid as the original.

The Health Care Authority vigorously pursues diversity in the workforce. Women, racial and ethnic minorities, persons of disability, and disabled and Vietnam-era veterans are encouraged to apply. Persons of disability needing assistance in the application process may call the Health Care Authority Human Resources Office at (360) 923-2819 or TTY (360) 923-2703. Applicants needing this announcement in an alternate format should contact our ADA Coordinator at (360) 923-2805 or TTY (360) 923-2701.

Health Care Authority APPLICANT PROFILE DATA FORM

The information requested on this form is voluntary and is used for affirmative action purposes only. Ethnic minorities and persons of disability are covered in employment by various federal laws, which mandate Affirmative Action Plans for agencies receiving federal monies.

Name: _____ Date: _____

1. What race or culture do you consider yourself? *If you are more than one race, please check "Other Race".*

| | | | | | |
|-------|-----------|-----------|----------|-----------|------------|
| Aleut | Cambodian | Filipino | Hispanic | Korean | Spanish |
| Asian | Chinese | Guamanian | Indian | Laotian | Vietnamese |
| Black | Eskimo | Hawaiian | Japanese | Latino(a) | White |

Other Race (specify indicate race or culture): _____

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes:

Multi-Racial _____

(Affirmative Action Preference)

2. Are you: Male Female

3. Have you ever been on active duty in the U.S. Armed Services? Yes (if checked, see 3a and 3b)
No

3a. Dates served: from: _____ to _____ 3b. Are you a disabled veteran? Yes (____ %) No

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? Yes No

5. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? Yes No

Date of Birth: ____/____/____

AFFIRMATIVE ACTION DEFINITIONS

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.